

BIRC STEWART, KOLASCH & BIACH, LLP

COMBINET CLARATION AND POWER OF ATTORN

FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO.

599-158P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:*

Insert Title	REMEDY FOR BONE DISORDERS			
Check Box If Appropriate - For Use Without Specification Attached	the specification of which is attached hereto unless the following box is checked: was filed on July 25, 1996			
	and was amended on (if applicable).			
The county spans spans spans spans to the county spans to the coun	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which			
<u> </u>	priority is claimed:			
Insert Priority	Prior Foreign Application 7/188972	(s) Japan	07/25/95	Priority Claimed
Information (if appropriate)	(Number)	(Country)	(Month/Day/Year Filed)	X
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No □ □
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No
	I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.			
	(Application Number)		(Filing Date)	
	(Application Number)		(Filing Date)	
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6 Months for Designs) Prior To The Filing Date of This Application: Country Application No. Date of Filing (Month/Day/Year)			
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:			
	(Application Number)	(Filing	Date) (Status — patented	d, pending, abandoned)
*NOTE: Must be completed Page 1 of 2	(Application Number)	(Filing	Date) (Status — patented	d, pending, abandoned)

599-158E

I hereby approach the following attorneys to prosecute application and/or an international application based is application and to transact all busing in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

GIVEN NAME **FAMILY NAME** April 24 th, 1997 Nobutaka IDA CITIZENSHIP Residence (City, State & Country) Kanagawa, Japan JAPAN POST OFFICE ADDRESS (Complete Street Address including City, State & Country) 248 2 4-17 Kanagawa, Japan GIVEN NAME **FAMILY NAME** INVENTOR'S SIGNATURE Xapril 30th, 199 Tomohiko SUZUKI Residence (City, State & Country) CITIZENSHIP **JAPAN** Kanagawa, Japan POST OFFICE ADDRESS (Complete Street Address including City, State & Country) 215 6 6-9 Kanagawa, Japan INVENTOR'S SIGNATURE GIVEN NAME **FAMILY NAME** DATE April 30th 1991 KUMAGAI Emi Kumagar Residence (City, State & Country) CITIZENSHIP Kanagawa, Japan JAPAN POST OFFICE ADDRESS (Complete Street Address including City, State & Country) 247 2 1-20 Kanagawa, Japan GIVEN NAME **FAMILY NAME** INVENTOR'S SIGNATURE DATE* CITIZENSHIP Residence (City, State & Country) POST OFFICE ADDRESS (Complete Street Address including City, State & Country) **GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE** DATE* Residence (City, State & Country) CITIZENSHIP POST OFFICE ADDRESS (Complete Street Address including City, State & Country)

Hull Name of First or Sole Inventor:
Insert Name of Inventor
Insert Date This
Document Is Signed

Insert Residence Insert Citizenship

☐ Insert Post Office Address

Full Name of Second Inventor, if any:

see above

Full Name of Third Inventor, if any:

see above

Full Name of Fourth Inventor, if any:

see above

Full Name of Fifth

see above

*Note: Must be completed — date this document is signed.

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